INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM ANNUAL PERFORMANCE REPORT

State Form 53475 (R / 11-09)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
ENVIRONMENTAL STEWARDSHIP PROGRAM

Indiana Department of Environmental Management
Office of Pollution Prevention and Technical Assistance
100 North Senate Avenue
MC 64-00, Room IGCS W041
Indianapolis, IN 46204-2251
Telephone: (800) 988-7901
FAX: (317) 233-5627
E-mail: esp@idem.IN.gov
www.IN.gov/idem/4132.htm

INSTRUCTIONS: Please use this annual report form if you are a member of the Indiana Environmental Stewardship Program (ESP). Your annual performance report should be reviewed and signed by a senior manager at your facility prior to submittal. Once signed, FAX, mail, or e-mail the report to IDEM. If you have any questions, please contact the ESP program manager at 1-800-988-7901.

The Indiana ESP annual performance report should demonstrate progress toward objectives and targets AND certify ESP requirements continue to be achieved. Your annual performance report should cover the previous twelve (12) month calendar year and include the status of projects committed to in your facility's original ESP application, results of completed projects, and assurance that an annual internal environmental management system audit was conducted by your facility. Indiana ESP facilities must submit this annual performance report by April 1st of every year, for each calendar year in which the entity has been a member for at least three (3) full months.

Please do not include any confidential business information in your annual performance report. Public access laws require IDEM to make the Annual Performance Report publicly available, which may include posting all portions of your report on the Indiana ESP Web site.

SECTION A	FACILITY INFORMATION
Name of facility CARRIER CORPORATION	
Name of parent company (*If applicable*) UNITED TECHNOLOGIES	
Street address (*number and street*) 7310 WEST MORRIS STREET	
City / State / ZIP code INDIANAPOLIS, IN.46231	
Facility/Company Web site WWW.UTC.COM	
CONTACT INFORMATION	
Contact name (Mr. / Mrs. / Ms. / Dr.) MRS. TERESA A TURNPAUGH	
Title SR EH&S ANALYST	
Telephone number 317-481-5746	
FAX number 860-622-6150	
E-mail address TERESA.TURNPAUGH@CARRIER.UTC.COM	
Mailing address (*if different from facility address*) P.O. BOX 70	
City / State / ZIP Code INDIANAPOLIS, INDIANA 46204-0070	
REPORTING PERIOD	
Reporting period dates (*month, day, year*) JANUARY 2010-DECEMBER 2010	

1a. Is this the third Annual Performance Report of your membership term?
- ☒ Yes—If yes, answer question 1b.
- ☐ No—If no, skip to the "Change in Information" section of this report.

1b. Do you wish to renew your Indiana Environmental Stewardship Program membership?
- ☒ Yes—If yes, please complete all sections of this annual report.
- ☐ No—If no, please complete all sections of this annual report except for Section D.

CHANGE IN INFORMATION

In your ESP application and, perhaps, in previous annual performance reports, you described what your facility does or makes. Have there been any changes or additions to your facility's list of products or activities?

- ☐ Yes
- ☒ No

If yes, please describe them:

SECTION B — ENVIRONMENTAL MANAGEMENT SYSTEM ASSESSMENT

Why do we need this information?
IDEM needs information on the performance and assessment of your Environmental Management System (EMS).

What do you need to do?
Please summarize your facility's EMS assessments. Attach additional documents if more space is needed.

1. Is your facility currently registered to a recognized third-party EMS standard?

☒ Yes—If yes, when was an EMS audit or other assessment last conducted by an independent third party at your facility?
- Type (e.g., ISO 14001 certification) 3RD PARTY AUDIT
- Scope of the audit FULL SITE AND COMPLIANCE
- Month / year OCTOBER / 2010

☐ No—If no, when was an internal or corporate EMS audit last conducted at your facility?
- Scope of the audit _____
- Month / year _____

2. When did your facility last conduct an internal or corporate environmental compliance audit? Do not include inspections or site visits by regulatory organizations.
- Scope of the audit FULL EHS-MS
- Month(s) / Year(s) 2010 - OCTOBER
- Who conducted the audit(s) (e.g., facility staff, corporate, third party) INTERNAL AND THIRD PARTY

3. (Optional) Please describe any other audits that were conducted at your facility.

4. Has your facility corrected all instances of potential environmental non-compliance and EMS non-conformance identified during your audits and other assessments?

☒ Yes—If yes, briefly summarize corrective actions taken and other improvements made as a result of your EMS assessment(s) or compliance audit(s).
UPDATES TO ENVIRONMENTAL PLANS AND POLICIES DUE TO EXPANDING FACILITY AND NEW LINES. ADDED ADDITIONAL ELEMENTS TO EHS-MS - (piv)

☐ No—If no, please explain your plans to correct these instances.

☐ No such instances identified.

5. Explain the emergencies experienced within the facility during the past year. Were the applicable emergency and contingency plans detailed in the EMS effective? What changes, if any, have been made to your facility's emergency or contingency plans? THERE WERE MEDICAL EMERGENCIES - ALL WORK-RELATED INJURIES/INCIENTS UNDERWENT AN INCIDENT INVESTIGATION. THERE WAS ALSO A TAKE SHELTER (Q3) FOR TORNADO IN AREA. OUR EMERGENCY PLANS ARE REVIEWED WITH OUR EMS OVERSITE STAFF AND SECURITY EACH QUARTER. THERE ARE AT LEAST TWO EMERGENCY DRILLS EACH YEAR AS WELL.

6. When was the last Senior Management review of your EMS completed?
- Month / Year 10-2010
- Who headed the review? Name and title CHERYL STATZ, UTC CORPORATE EHS

7. When did your facility last conduct a systematic identification or review of your environmental aspects?
- Month/Year 2/2009

8. (Optional) Please provide a narrative summary of progress made toward EMS objectives and targets other than those reported as an Environmental Performance Initiative in Section C. You may limit the summary to environmental aspects that are *significant* and towards which *progress* has been made during the last calendar year. Attach additional sheets as necessary.

Environmental aspect	Progress made this year (e.g., quantitative or qualitative improvements, activities conducted)

SECTION C — ENVIRONMENTAL IMPROVEMENT INITIATIVE RESULTS

Why do we need this information?
Facilities need to share the results of the environmental improvement initiative that was pursued during the reporting period.

What do you need to do?
Summarize your facility's progress on achieving the initiative you identified in the application or last year's Annual Performance Report.

Category ENERGY USE Indicator _____	Baseline Quantity	Future Goal Quantity	Current Quantity	Cost Savings
Calendar year	2008	2011	2010	
Actual quantity (per year)	42324	34464	35536	
Normalized quantity (per year)	0.026	n/a	0.029	
Basis for your normalizing factor (e.g., gallons of paint produced)	units produced			
Measurement unit (e.g., pounds)	CO2E			

Briefly describe how you achieved improvements for this environmental initiative or, if relevant, any circumstances that delayed progress.
Additional installation of lighting upgrades - interior and exterior. HVAC heating reliability upgrade to Energy Star AMU and re-circulation of heat/cooling throughout plant.

Please list any state, U.S. EPA, or other partnership programs to which you are reporting this data (e.g., Energy Star, Project XL).

(Optional) If your facility has experienced continued results for environmental improvement initiatives pursued in past years of ESP membership, please share those results here.

SECTION D ENVIRONMENTAL IMPROVEMENT INITIATIVES

Why do we need this information?
Facilities need to show they are committed to improving their environmental performance.

What do you need to do?
Identify your facility's next environmental improvement initiative. Refer to the Environmental Performance Table and answer the following questions.

1a. What **category** have you selected from the Environmental Performance Table? WASTE REDUCTION

1b. What **indicator** have you selected from the Environmental Performance Table? LANDFILL (NON-HAZARDOUS)

1c. All measurements should represent the performance level for the indicator across the entire facility. For many indicators, you may choose to focus your initiative on a specific subset of the indicator (e.g., a specific material, process, VOC, group of toxic air emissions, or particular waste component). Does your initiative include everything covered by the indicator (e.g., all VOCs, all non-hazardous waste), or a specific process, substance, or component (e.g., ethane, cardboard)?

☒ All

☐ Specific

If your initiative is specific to a substance or component, please provide additional detail on your indicator (e.g., specific chemical to be reduced, specific waste component). LANDFILL WASTE REDUCTION - TONS

1d. What activities or process changes do you plan to undertake at your facility to accomplish your initiative (e.g., technology changes in a particular process line, employee training)? '0% LANDFILL' PROJECT WITH ADDITIONAL RECYCLING

2. Does this initiative address a significant aspect in your EMS?

☒ Yes

☐ No—please explain why you believe this indicator should be included as an environmental improvement initiative:

ENVIRONMENTAL REDUCTIONS - NON-RECYCLED INDUSTRIAL PROCESS WASTE REDUCTION. MEETS CORPORATE REDUCTION GOALS OF 2.5% ANNUAL

3. Are you subject to Federal, State, tribal, or local regulatory requirements for this indicator?

☐ Yes—please explain how your initiative exceeds regulatory requirements:

☒ No

Stop! *If the category listed in Question 1a is Energy Use, Waste, or Air Emissions for Total Greenhouse Gases, please skip Questions 4a – 4b below and turn to Appendix 1 to complete the questions pertaining to the category you listed in Question 1a. After completing the respective table in Appendix 1, return to this section and complete questions 5 and 6. Otherwise, continue answering questions 4-6 below.*

4a. What units are you using to quantify this indicator? _____

4b. List the baseline annual quantity of the indicator and the annual quantity you are committing to achieve by the future year.

_____ Baseline quantity Year _____

_____ Future year quantity (not including production) Year _____

5. Does the quantity presented in the future quantity column represent an absolute goal or a normalized goal?

☐ Normalized goal (i.e., indexed to level of business in baseline year)

☒ Absolute goal (i.e., demonstrates improvement even if production increases)

6. Whether your goal is absolute or normalized, you need to provide normalizing factors and normalized quantities in your annual performance reports. Please briefly describe your basis for normalizing. Examples of potential normalizing basis include: gallons of paint produced, square feet of circuit boards sold, number of patients seen, dollars of sales adjusted for inflation, or number of employees (for R&D and administrative sites only).

NORMALIZING IS CONSIDERED BASED ON UNITS PRODUCED.

SECTION E PUBLIC OUTREACH AND PERFORMANCE REPORTING

Why do we need this information?
IDEM needs to know how environmental information was shared with the public.

What do you need to do?
Describe how the facility has shared and plans to share environmental information.

Please briefly describe the activities that your facility conducted during this reporting period to interact with the community on environmental issues and to report publicly on its environmental performance.

SCAA - NEIGHBORING AREA EHS MEETING

CHMM ATTENDANCE

COMMUNITY DAY AND EMPLOYEE OPEN HOUSE, EARTH DAY CELEBRATION WITH COMMUNITY INVOLVEMENT

Please indicate which of the following methods your facility plans to use to make its ESP Annual Performance Report available to the public. Please check as many as appropriate.

☐ Web site (http://www._____) ☐ Open house ☐ Meetings ☒ Press releases ☐ Community advisory panel

☒ Other NEWSPAPER

SECTION F ADDITIONAL INFORMATION

Why do we need this information?
This information will help IDEM to effectively manage the Environmental Stewardship Program.

What do you need to do?
Answer the questions as completely as possible.

1. In addition to ESP, please list environmental awards received or voluntary programs participated in during the past twelve months.
   VPP FOR REMEDIATION, PRESIDENTS AWARD - ENVIRONMENTAL SUSTAINABILITY (INTERNAL- CORPORATE)

2. Has your facility taken advantage of any ESP incentives? If so, please describe the implementation process and list additional benefits IDEM should consider.
   YES - ADAVANCED NOTICE FOR HAZARDOUS WASTE INSPECTION

3. If your facility was not registered to the ISO 14001 standard prior to becoming an ESP member, has ESP helped you to pursue registration? If so, how has ESP been instrumental in achieving registration?
   N/A

CERTIFICATION AND PLEDGE

On behalf of *(name of facility)* CARRIER

I certify that the information contained in this Annual Performance Report and attachments is accurate to the best of my knowledge and that this facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with all applicable federal, state, and local environmental requirements, or has a corrective action program in place to attain compliance.

We, CARRIER , commit to maintaining the principles and goals outlined in our Environmental Management System for our facility's Indiana Environmental Stewardship Program status. We agree to strive for full compliance with all regulations promulgated by the U.S. EPA, state, or local jurisdictions. We agree to promote the Indiana Environmental Stewardship Program and to share our success stories with other facilities. We understand that the Annual Performance Report must be submitted to IDEM by April 1st of each year and that we must reapply to the Indiana Environmental Stewardship Program every three years.

I understand that the information provided in this Annual Performance Report will be public record. I am the senior facility manager or authorized facility signatory, and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is submitting this Annual Performance Report.

Signature	Title	Date (month, day, year)
	PLANT MANAGER	03/24/2011

Printed signature
JEAN-FRANCOIS BROSSOIT

Please mail, fax, or e-mail your completed Environmental Stewardship Program Annual Performance Report to:

IDEM-OPPTA
ESP Program Manager
MC 64-00, Room IGCS W041
100 North Senate Avenue
Indianapolis, IN 46204-2251

FAX: 317-233-5627
E-mail: esp@idem.IN.gov

Waste - Hazardous waste generation
In the table below, please enter your facility's amount of hazardous waste, broken down by waste management method. Please enter both the amounts that you manage currently and that you intend to manage in your future reporting year. Include all hazardous waste that is treated on-site or sent off-site. After completing the table, return to question 4 and complete the remaining application questions.

4a. Is the goal of your hazardous waste commitment to:
☐ Reduce hazardous waste ☐ improve waste management methods ☐ Combination of both strategies

4b. How much of your hazardous waste is handled using each management method?

Method of waste managed	Baseline year 20___	Future year 20___	Units
Landfill			
Incineration			
Reused/recycled off-site			
Treated on-site			
Other management specify: ___			
Total hazardous waste			

Air emissions – Total greenhouse gases
In the table below, please enter your facility's amount of greenhouse gases, broken down by process and source. Please enter both the amounts that you manage currently and that you intend to manage in your future reporting year. After completing the table, return to question 4 and complete the remaining application questions.

4a. Is the goal of your Total Greenhouse Gases commitment to:
☐ Reduce energy use ☐ Reduce process-related emissions ☐ Combination of both strategies

4b. How much greenhouse gas does your facility emit from each source?

Source		Baseline year 20___	Future year 20___	Units
Direct Emissions	Stationary combustion			
	Mobile sources			
	Refrigeration/AC equipment use			
	Process/Fugitive Specify source: ___			
	Process/Fugitive Specify source: ___			
	Process/Fugitive Specify source: ___			
	Total direct emissions Process/Fugitive			
Indirect Emissions	Purchased electricity			
	Purchased steam			
	Purchased hot water			
	Total indirect emissions			
Optional Indirect Emissions	Other Specify source: ___			
	Other Specify source: ___			
	Other Specify source: ___			
	Total optional indirect emissions			
Offsets	Offsets Specify source: ___			
	Offsets Specify source: ___			
	Offsets Specify source: ___			
	Total reductions from offsets			
	Total emissions less offsets			
Supplemental Information	Total CFC			
	Total HCFC			
	Total stationary combustion – biomass CO2			
	Total mobile sources – biomass CO2			
	Electricity trading transactions- electricity purchase for resale			

APPENDIX 1 — ENVIRONMENTAL PERFORMANCE DATA

Energy use - non-transportation

In the table below, please enter the amount of energy that you currently use and that you intend to use in your future reporting year. Break the energy use down by fuel type. Please note that you need only complete those lines that are relevant to your facility. If all of your energy is purchased from a local electricity generator, you may only need to complete the first line. If the facility uses natural gas, please be sure to complete the appropriate line (natural gas is typically combusted on site so it is listed in the "onsite" section). After completing the table, return to question 5 and complete the remaining application questions.

4a. Is the goal of your energy use commitment to:

☐ Reduce hazardous waste ☐ Improve waste management methods ☒ Combination of both strategies

4b. How much energy of each type does your facility use?

		Baseline year 2006	Future year 2010	Units
Energy Generated Off-Site	Electricity	39,857,462	34,379,006	KWH
	Steam			
	Total energy generated off-site	**39,857,462**	**34,379,006**	**KWH**
Sources of Energy Generated On-Site	Coal			
	Natural gas			
	Crude oil			
	Fuel oil			
	Diesel			
	Propane / LPG			
	Gasoline			
	Hydrogen powered fuel cells			
	Natural gas / methane powered fuel cells			
	Biomass			
	Solar			
	Wind			
	Landfill gas			
	Geothermal			
	Hydroelectric			
	Tire derived fuel			
	Other fuel or source Specify: _____			
	Total energy generated on-site			
Total renewable energy use				
Total non-renewable energy use				
Total energy use				
Metric tons of CO2 equivalents		42,400	35,789	CO2E
Metric tons of CO2 equivalents offset through purchases of electricity from renewable off-site sources				
Net metric tons of CO2 equivalents		42,400	35,789	CO2E

Waste - Non-hazardous waste generation

In the table below, please enter your facility's amount of non-hazardous waste, broken down by waste management method. Please enter both the amounts you manage currently and that you intend to manage in your future reporting year. "Waste" is defined as all materials sent off-site that are neither product nor product packaging. After completing the table, return to question 4 and complete the remaining application questions.

4a. Is the goal of your non-hazardous waste commitment to:

☐ Reduce hazardous waste ☐ Improve waste management methods ☐ Combination of both strategies

4b. How much of your waste is handled using each management method?

Method of waste managed	Baseline year 2006	Future year 2011	Units
Landfill	446,749	281,560	TONS
Incineration	1,340,247	532,080	TONS
Reused/recycled off-site	26,675,077	18,127,646	TONS
Other management - specify: _____			
Total non-hazardous waste			